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41696 7590 09/24/2008

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VIA EFS
 WEB

NANCY RUSHTON	(Depositor's name)
<i>Nancy Rushton</i>	(Signature)
12/23/2008	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/790,982	03/01/2004	Stephen Christopher Porter	03-439 (US01)	1297

TITLE OF INVENTION: COMPLEX VASO-OCCLUSIVE COILS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEES DUE	DATE DUE
nonprovisional	NO	\$1410 \$1510	\$300	\$0	\$1740 \$1810	12/24/2008
EXAMINER	ART UNIT	CLASS-SUBCLASS				
TRUONG, KEVIN THAO	3734	606-113000				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

BOSTON SCIENTIFIC SCIMED, INC. MAPLE GROVE, MN

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

David T. Burse

Date

12-22-08

Typed or printed name

DAVID T. BURSE

Registration No.

37,104

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